

CLAIMS ONLY

SERIAL NO.

1051187

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓					
2						
3						
4						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	17					
TOTAL CLAIMS	18					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1													
2							51					101	
3							52					102	
4							53	1				103	
5							54					104	
6							55					105	
7							56	1				106	
8							57					107	
9							58						
10							59						
11							60	1					
12							61						
13							62						
14							63						
15							64	1					
16							65						
17							66	1					
18							67						
19							68	1					
20							69						
21							70	1					
22							71						
23							72						
24							73						
25							74						
26							75	1					
27							76						
28							77	1					
29							78	1					
30							79						
31							80						
32							81	1					
33							82						
34							83						
35							84	1					
36							85						
37							86						
38	1						87						
39							88						
40							89						
41							90						
42							91						
43							92	1					
44							93						
45							94						
46							95						
47							96						
48							97						
49							98						
50							99		10				
TOTAL IND.							100	1					
TOTAL DEP.							TOTAL IND.					15	
TOTAL CLAIMS							TOTAL DEP.					65	
							TOTAL CLAIMS					80	